Attorney Docket No. RINCAVAGE- 1

## **DECLARATION AND POWER OF ATTORNEY**

(Patent, Design or C-I-P Application)

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are stated below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **SYSTEM AND METHOD FOR PREVENTING FRAUD AND MISTAKE IN THE ISSUANCE, FILLING AND PAYMENT OF MEDICAL PRESCRIPTIONS** 

the specification of which			
X is attached hereto	n Sorial Mo	mandad an	(if amiliantia)
was filed on as Application Serial No and was amended on (if applicable)			
I hereby state that I have reviewed and understand the contents of the above-entitled specification, including the claims, as amended by any amendment referred to above.			
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).			
I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.			
PRIOR FOREIGN APPLICATION(S)			
COUNTRY	APPLICATION NO.	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
THE TAIL THE THE TAIL			YES NO
TISTING OF FOREIGN APPLICATIONS CONTINUED ON PAGE 2 HEREOF: YES NO _X  Thereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by			
the first page of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37,			
code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:			
Application No.	Filing Date	St	atus
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this			
application and transact all business in the Patent and Trademark Office connected therewith.			
ERIC A. LaMORTE, Reg. No. 34,653; MARY ALICE McMONAGLE, Reg. No. 41,187			
SEND CORRESPONDENCE TO:		DIRECT TELEPHONE	Eric A. LaMorte, Esq.
LaMORTE & ASSOCIATES, P.O.	2.	CALLS TO:	(215) 321-6772